

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 5/10/04 2 Serial/Patent # 10/618,849

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---|----------------|--------------------------|------------------|
| Filing | | | \$ |
| Amendment | | | \$ |
| Extension of Time | | | \$ |
| Notice of Appeal/Appeal | | | \$ |
| <input checked="" type="checkbox"/> Petition | | <u>5/10/04</u> | \$ 130.00 |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | <u>\$ 130.00</u> |
| 8 TO BE REFUNDED BY: | | | |
| <input type="checkbox"/> Overpayment | | Treasury Check | |
| <input checked="" type="checkbox"/> Duplicate Payment | | Credit Deposit A/C #: | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): <i>Patent granted.</i> | | 9 <u>08-0750</u> | |

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: CHARLEMA GRANT

TITLE: ATTORNEY

SIGNATURE: Charlema Grant

PHONE: 306-0251

OFFICE: *****

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APPROVED: Alecia Pile

DATE: 7/20/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B